

APPENDIX D (REQUIRED FORMS)
EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT)

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of Proposer and to bind Proposer in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____ Legal Name	_____ State of Inc.	_____ Year Inc.
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Please specify the type of organization that appropriately characterizes your firm (i.e., public/government entity, non-profit, for-profit, etc.):

5. Is your firm wholly or majority owned by, or a subsidiary of, another firm? _____
If yes, please provide the following:

Name of parent firm: _____

State of Incorporation or registration of parent firm: _____

6. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____

7. Indicate whether your firm is involved in any pending acquisitions/mergers, including the associated company's name. If not applicable, indicate below.

8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications stated in Paragraph 3.0 (Proposer's Minimum Mandatory Qualifications) of the solicitation document and are listed below:
- Proposer shall have the completed and signed Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit), acknowledging and certifying that it has met and will comply with all of the Minimum Mandatory Qualifications listed herein for Disease Prevention and Health Promotion (DPHP) Program Services. Proposer shall also complete and sign Appendix D (Required Forms), Exhibit 12 (Certification of Independent Price Determination and Acknowledgement of Request for Proposal Restrictions), certifying and acknowledging that the prices quoted within the proposal were not determined by consultation or support from any other Proposer. Proposer's organization **must** be classified as one of the following: public/government entity, non-profit or for-profit organization.
 - Proposer must have a minimum of five (5) consecutive years of experience, which shall include experience implementing Evidence-Based Programs within the last ten (10) years, providing DPHP Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix A (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).
 - Proposer shall have an organization-wide cost allocation plan narrative which adheres to the requirements outlined in the following: Office of Management and Budget Uniform Administrative Requirements for Federal grants; Appendix C (Sample Contract), Exhibit Q (Accounting, Administration and Reporting Requirements); and, Appendix P (Cost Allocation and Indirect Cost Requirements).
 - Proposer shall have completed and signed Appendix D (Required Forms), Exhibit 26 (Minimum Mandatory Qualifications Evidence-Based Analysis Form), verifying that the proposed Program submitted in response to this Request For Proposals (RFP) is in accordance with the requirements of the Respective Program Model (RPM). Applicable references (as noted on the form) to substantiate that the proposed Program follows the RPM shall also be included on the form as instructed.
 - Proposer shall demonstrate its ability to match a minimum of fifteen percent (15%) of the Proposed Grant Funds for the term of the Contract.
 - Proposer must be able to provide DPHP Program Services for all five (5) Supervisorial Districts of Los Angeles County beginning July 1, 2016.
 - Proposer must currently have the following mandatory staff who meet the requirements listed in Appendix A (Statement of Work) for DPHP Program Services: Project Manager, sufficient number of qualified employees with the appropriate education, training, certification, licensure, and experience established by the RPM that was researched and evaluated in a published

Appendix D (Required Forms)

Exhibit 1 (Proposer's Organization Questionnaire/Affidavit)

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Peer-Reviewed Journal (see Appendix C (Sample Contract) Exhibit P (Definitions)).

- Proposer shall have the completed forms and documentation identified in Subparagraph 7.9.1.11 (Section H (Required Forms and Documentation)).
9. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this proposal, the proposal may be rejected. The evaluation and determination in this area shall be at County's sole judgment and such judgment shall be final.

Proposer's Acknowledgement

Proposer's Name

Primary Address

E-mail

Telephone Number

Internal Revenue Service Employer Identification
Number

California Business
License Number

County WebVen Number

DUNS Number

Proposer's Authorized Representative Certification

On behalf of Proposer identified above, I certify that I am Proposer's authorized representative and I further certify that the information contained in this Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) is true and correct to the best of my knowledge and belief.

Name

Title

Signature

Date